



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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To: Case Managers for All 1915(c) Home and Community Based Services Waivers

From: Pam Smith, Director
Division of Community Alternatives

Date: December 5, 2019

Re: Additional Service Authorization Guidance

The Department for Medicaid Services (DMS) is issuing additional guidance to case managers regarding service authorization. DMS noted these recurring concerns and questions while reviewing person-centered service plans (PCSPs) and answering questions sent to the 1915(c) Waiver Help Desk following the shift in service authorizations from the quality improvement organization (QIO) to case managers beginning November 25, 2019.

- **Prior Authorizations (PAs)**
 - **Billing:** PA numbers are not needed to bill waiver claims.
 - **Generating PAs:** The Medicaid Waiver Management Application (MWMA) generates PAs each night and the corresponding PA letters are mailed the next business day. Case managers can also click "Generate PA" to generate a PA manually after a service is approved. Manually created PAs can be saved immediately and emailed or printed. Letters for manually created PAs are also mailed from MWMA the next business day.
- **Person-Centered Planning**
 - **Sign-In Sheets:** All person-centered planning team members should fill out the sign-in sheet completely. This includes noting the agency they represent.
 - **Team Members and Meeting Participation via Phone:** When a team member participates in person-centered planning via phone they are expected to be engaged in the process and provide input on the participant's goals, objectives, services and units requested. When these team members send an email to acknowledge their role in the process, it should discuss the specific ways the individual will help the participant with their goals and objectives. Emails that

simply state “I will be happy to support the participant” or “I will continue to support the participant” are not acceptable.

- **Documentation**

- **Behavior Support Plans:** These should be uploaded to MWMA. Behavior supports are intended to fade over time. Behavior Support Plans should include an update on the participant’s progress that explains why units decreased, increased or stayed the same. DMS will not approve this service for a full year in order to track each participant’s progress.
- **Supported Employment:** This is another service intended to fade over time. When requesting this service, case managers should include documentation as to why units have stayed the same, decreased or increased. DMS will not approve this service for a full year in order to track each participant’s progress.
- **Michelle P. Waiver (MPW) Assessments:** All assessments must be conducted by an assessment team. According to **907 KAR 1:835. Michelle P. Waiver Services and reimbursement Section 1.(6)(b)** an assessment team consists of:
 1. *Two (2) registered nurses; or*
 2. *One (1) registered nurse and one (1) of the following:*
 - a. *A social worker;*
 - b. *A certified psychologist with autonomous functioning;*
 - c. *A licensed psychological practitioner;*
 - d. *A licensed marriage and family therapist; or*
 - e. *A licensed professional clinical counselor.*

The assessors who sign the MAP-351 should identify their qualifications by listing their credentials after their name. Please see the memo sent to Community Mental Health Centers regarding MPW assessments for more information:
<https://chfs.ky.gov/agencies/dms/ProviderLetters/cmhc1915cassessmentmemo.pdf>

- **Immediate Family Members as Participant Directed Services (PDS) Employees:** In the ***Home and Community Based (HCB) and Supports for Community Living (SCL) waivers***, case managers should upload the family member approval letter when a participant hires an immediate family member as a PDS employee.

- **MWMA**

- **Entering Services:** When entering services, case managers will encounter a check box that says “This service was authorized outside MWMA.” Case managers only need to check this box under special circumstances. In situations where a service is authorized outside of MWMA, the case managers will have had conversations with DMS and will be aware whether the box needs to be checked.

DMS continues to evaluate this updated process and will provide more guidance as it identifies additional recurring issues or questions. Resources are available to case managers on the DMS Division of Community Alternatives (DCA) website at <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>. Those resources include a Case Management Frequently Asked Questions (FAQ) document, Service Authorization Crosswalks, MWMA Quick Reference Guides, and the Service Authorization Training.

If you need case-specific help or have a question you cannot answer using the resources described above, please contact the 1915(c) Waiver Help Desk at 844-784-5614 or 1915cwaiverhelpdesk@ky.gov.

Sincerely,



Pam Smith
Director, Division of Community Alternatives

